State of Allforn Health and Welfare Agency No. 2050-0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division Sacramento, California and Front of Page 7 (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. U. JRM HAZARDOUS Manifest 2. Page 1 information in the shaded areas Ol 115 WASTE MANIFEST C1A1D191811141113151512 of 1 is not required by Federal law. 3. Genvetor's Name and Mailing Address A. State Manifest Document Number FRES! UNIFIED SCHOOL DISTRICT/MAINTENANCE 89 5 7 5. State Generator's ID 717 S. 7th ST., FRESNO, CA 93702 4. Generator's Phone (209) 443-5185 HIYIHIQI 31 61 01 11 71 41 31 21 RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-862-7550 5. Transporter 1 Company Name C. State Transporter's ID //2636 US EPA ID Number D. Transporter's Phone (805) 835-7700 GROUNDWATER K. SOURCES IC | A | D | 9 | 8 | 2 | 5 | 0 | 2 | 5 | 1 | 7. Transporter 2 Company Name E. State Transporter's ID US EPA ID Number F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G State Facility's ID OMEGA RECOVERY 12504 E. WHITTIER BL. CIAIDIO 4 2 2 4 5 0 0 1 WHITTIER, CA 90602 1C1A1D101412121415101011 1-800-852-8886 12. Containers 13. Total Unit Wt/Vol 11. US DCT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No. Type Waste, paint related material, combustible liquid 213 000 F0001 NA 1263 State EPA/Other C. State EPA/Other d. EPA/Othe J. Additional Descriptions for Materials Listed Above PROFILE B10064 (see attached) 01 đ. NATIONAL 15. Special Handling Instructions and Additional Information GLOVES - AVOID SPLASH GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be exponentially practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the Ğ present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste Deseration and select the best waste management method that is available to me and that I can afford. Printed/Typed Name LYN PETERS 17. Transporter 1 Acknowledgement of Receipt of Materials Z Printed/Typed Name Ö STEUE 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Month Day Year